Healthcare Transformation Collaboratives Cover Sheet

1. Collaboration Name:
Mercer County Mental Health Action & Performance Group MHAP-G's Empowered Families

2. Name of Lead Entity:
Genesis Medical Center, Aledo

3. List All Collaboration Members:
Genesis Medical Center, Aledo
Mercer County Health Department
Genesis Health Group, Aledo
Mercer Foundation for Health
City of Aledo
Mercer County Sheriff's Office
Rock Island County Council on Addictions
Mercer County 708 Community Mental Health Committee
Mercer County School District #404
Sherrard School District #200

4. Proposed Coverage Area:
Mercer County and surrounding area zip codes in Rock Island, Henry, Knox and Warren Counties

5. Area of Focus:
Child and Adult Behavioral Health

6. Total Budget Requested:
$1,449,271.00

Mercer County Mental Health Action & Performance Group MHAP-G's Empowered Families

Prepared by Genesis Medical Center Aledo
for Department of Healthcare and Family Services Healthcare Transformation Collaboratives

Primary Contact: Alvin Zwilling

Opportunity Details

Opportunity Information

Public Link
https://il.amplifund.com/Public/Opportunities/Details/25595216-6cc7-40f0-9aa5-0b550dddc17c

Question Submission Information

Question Submission Open Date
10/01/2021 12:00 AM

Question Submission Close Date
10/15/2021 11:59 PM

Question Submission Email Address
HFS.Transformation@illinois.gov

Question Submission Additional Information

1. CONSIDER THE HTC INSTRUCTIONS GUIDE REQUIRED READING FOR HOW TO COMPLETE THE HTC APPLICATION.

Please read the HTC Application Instructions guide thoroughly, from beginning to end, before beginning your application. These instructions clear up many potential sources of confusion and provide instructions that are essential for submitting a complete and viable HTC application.

In this resource, we provide videos and slides for navigating the HTC application in Amplifund and instructions for completing specific sections of the application. (e.g., how to fill out a budget).

We also provide additional information about the content of the application to help you understand what HFS is looking for in an effective application.

The HTC Application Instructions Guide can be found at this address: https://www2.illinois.gov/hfs/HealthcareTransformation/Documents/HTCApplicationInstructionsGuide.pdf

For a brief checklist to keep your application on track, navigate to https://www2.illinois.gov/hfs/Pages/htcappinfo.aspx and find a link.

2. QUESTIONS ABOUT HTC AND THE SUBSTANCE OF THE APPLICATION ARE DUE BETWEEN OCTOBER 1 AND OCTOBER 15.

Questions seeking clarity on the HTC program and the substance of the application (as opposed to technical questions) should be sent to HFS.Transformation@illinois.gov. Questions are due before 11:59 pm on October 15, 2021. Answers will be published on the FAQ Page of the HTC website (https://www2.illinois.gov/hfs/Pages/htcfaqs.aspx).

HFS will answer questions as soon as possible. Interested parties should regularly check for new questions and answers at the FAQ web address listed above.

For more information about HTC and the application, you may also consult the September 30 informational webinar video and slide presentation, as well as the many resources available to support you in your application. All of these resources are located at the HTC Application Information page (https://www2.illinois.gov/hfs/Pages/htcappinfo.aspx).

3. AMPLIFUND WILL RESPOND WITHIN 2 HOURS TO ALL TECHNICAL SUPPORT QUESTIONS.

If you are having technical difficulties with Amplifund, you may email your question to support@il-amplifund.zendesk.com or call 216-377-5500, though callers to this number will likely be directed to the online system. Amplifund guarantees responses to support requests within two hours of questions submitted during business hours.

You may also consult the Amplifund customer support website at https://il-amplifund.zendesk.com. At this site, you may submit support tickets and access instructional content. Access to this site requires registration of a new account specifically with the Amplifund Zendesk site.

For a general overview of how to submit an application using Amplifund, you may access a tutorial video provided by Amplifund here: https://il-amplifund.zendesk.com/hc/en-us/articles/360053747153-Introduction-to-the-Applicant-Portal

Additional Information

Additional Information URL
https://www2.illinois.gov/hfs/Pages/htcappinfo.aspx

Additional Information URL Description
Please refer to the Application Information page of the Healthcare Transformation Collaborative website for all information related to the application process.

For information about the program, visit htc.illinois.gov.

Project Description

0. Start Here - Eligibility Screen

HELP AND SUPPORT INFORMATION

If you need help or have a question:

- *For guidance on this form, consult the **HTC Application Instructions resource**.*
- *If you have a question about the subject matter of the application, email **HFS.Transformation@illinois.gov** before October 15. Questions will not be taken after that date. Check for answers at the **HTC FAQs page**, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email **support@il-amplifund.zendesk.com** with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's **support website** for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

Eligibility Screen

Note that applications cannot qualify for funding which:

1. **fail to include multiple external entities within their collaborative (i.e. entities not within the same organization); or,**
2. **fail to include one Medicaid-eligible biller.**

Does your collaboration include multiple, external, entities?

- (●) **Yes**
- ( ) **No**

Can any of the entities in your collaboration bill Medicaid?

- (●) **Yes**
- ( ) **No**

Based on your responses to the two questions above, your application meets basic eligibility criteria. You may proceed to complete the remainder of the application.

1. Participating Entities

HELP AND SUPPORT INFORMATION

Contact Information for Collaborating Entities

1. What is the name of the lead entity of your collaborative?
Genesis Medical Center, Aledo

2. Please provide primary contact information, secondary contact information, and the Tax ID # of each entity in your collaborative. Please list the lead entity in the top row.

Entity Name	Tax ID # (xx-xxxxxx)	Primary Contact	Position	Email	Office Phone	Secondary Contact	Secondary Contact Position	Secondary Contact Email
Genesis Medical Center-Aledo	45-4475683	Ted Rogalski	Administrator	rogalski@genesishealth.com	309 582-9250	Heidi Hess	Chief Nursing Officer	hess@genesishealth.com
Mercer County Health Department	36-6006630	Jennifer Hamerlinck	RN Supervisor of Health Promotion		309 582-3759 Ext 209	Krissy Dixon	MHAP Coordinator	krissy.dixon@mchdept.org
Genesis Health Group, Aledo	45-4475683	Louise Johnson	Clinic Manager	johnsonlouise@genesishealth.com	309 582-9460	Lori Feik	Clinic Coordinator	lfeik@genesishealth.com
Mercer Foundation for Health	36-3763254	Alvin Zwilling	Foundation & Community Outreach Director	zwillinga@genesishealth.com	309 582-9256	Sarah Brown	Treasurer	sarah.brown@mercercouonty ymca. org
City of Aledo	36-6005765	Chris Sullivan	City Administrator & Chief of Police	policechief@aledoil.org	309 582-7241	Jarod Dale	City Clerk	cityclerk@aledo.il.org
Mercer County Sheriff	36-6006630	Dusty Terrill	Sheriff	Dustin.Terrill@leo.gov	309 582-5194	Paula	Nelson	mcso@frontiernet.net
Rock Island County Council on Addictions	36-2492177	Mary Engholm	Executive Director	mengholm64@yahoo.com	309 792-0292	Enrique Escimillia	Counselor	eescamillia@riccacouncil.com
Mercer County 708 Community Mental Health Committee	36-6006630	Daren Dietmeier	Chair and Pastor	trinpca@frontiernet.net		Linda Long	Secretary	NA
Mercer County School District #404	26-4102964	Scott Petrie	School Superintendent	petries@mercerschools.org	309 582-2238	Stacey Day	Principal	days@mercerschools.org
Sherrard School District #200	36-6009318	Alan Boucher	School Superintendent	bouchera@sherrard.us	309 593-4075	Stacey Blackwell	Counselor	blackwells@sherrard.us

3. Please confirm that you have entered the required information for each entity in the table above, including secondary contact information and Tax ID #. I confirm

4. Please upload the most recent IRS Form 990 (including Schedule H, if applicable) for all participants in the collaboration. (Note: These 990s will all have to be compiled into a single PDF file.)

Collaborative 990s

1A. Are there any primary or preventative care providers in your collaborative?
☒ Yes ☐ No

1A. Please enter the names of entities that provide primary or preventative care in your collaborative.

Genesis Medical Center, Aledo
Genesis Health Group, Aledo
Mercer County Health Department

2. Are there any specialty care providers in your collaborative?
☒ Yes ☐ No

2A. Please enter the names of entities that provide specialty care in your collaborative.

Genesis Health Group, Aledo

3. Are there any hospital services providers in your collaborative?
☒ Yes ☐ No

Note: HFS is seeking to know in which MCO networks each hospital in your collaborative participates.

3A. Please enter the name of the first entity that provides hospital services in your collaborative.
Genesis Medical Center, Aledo

3B. Which MCO networks does this hospital participate in?
☒ YouthCare
☐ Blue Cross Blue Shield Community Health Plan
☐ CountyCare Health Plan (Cook County only)
☒ IlliniCare Health
☒ Meridian Health Plan (Former Youth in Care Only)
☐ Molina Healthcare

3C. Are there any other hospital providers in your collaborative? Are there any mental health providers in your collaborative?
☐ Yes ☒ No

4. Are there any mental health providers in your collaborative?
☒ Yes ☐ No

4A. Please enter the names of entities that provide mental health services in your collaborative.

Genesis Medical Center, Aledo
Genesis Health Group, Aledo
Mercer County Health Department
Mercer County Sheriff in the Jail

5. Are there any substance use disorder services providers in your collaborative?
☒ Yes ☐ No

5A. Please enter the names of entities that provide substance abuse disorder services in your collaborative.

Rock Island County Council on Addictions

6. Are there any social determinants of health services providers in your collaborative?
☒ Yes ☐ No

6A. Please enter the names of entities that provide social determinants of health services in your collaborative.

Genesis Medical Center, Aledo
Genesis Health Group, Aledo
Mercer County Health Department
Rock Island County Council on Addictions
Mercer County Community 708 Board
Mercer County School District #404
Sherrard School District #200

7. Are there any safety net or critical access hospitals in your collaborative?
☒ Yes ☐ No

7A. Please list the names of the safety net and/or critical access hospitals in your collaborative.

Genesis Medical Center, Aledo

8. Are there any entities in your collaborative that are either certified by the Illinois Business Enterprise Program (BEP) or not-for-profit entities that that are majorly controlled and managed by minorities
☐ Yes ☒ No

9. Please list the Medicaid-eligible billers (firms that can bill Medicaid for services) in your collaborative, and the Medicaid ID for each.

Genesis Medical Center, Aledo

Genesis Health Group, Aledo

Rock Island County Council on Addictions

10. Below are high-level descriptions of project types that appeared in the Transformation funding statute. Check any that apply to your project; if none apply, please provide a brief description of what kind of entities comprise your collaboration. (This question is informational only and will not affect your eligibility).

☐ Safety Net Hospital Partnerships to Address Health Disparities
☐ Safety Net plus Larger Hospital Partnerships to Increase Specialty Care
☒ Hospital plus Other Provider Partnerships in Distressed Areas to Address Health Disparities (led By Critical Area Hospitals, Safety Net Hospitals or other hospitals in distressed communities)
☒ Critical Access Hospital Partnerships (anchored by Critical Area Hospitals, or with Critical Area Hospitals as significant partners)
☐ Cross-Provider Care Partnerships Led By Minority Providers, Vendors, or Not-For-Profit Organizations
☐ Workforce Development and Diversity Inclusion Collaborations
☐ Other

10A. If you checked, "Other," provide additional explanation here.

[10A. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. Project

Brief Project Description

1. Provide an official name for your collaboration. NOTE: Please ensure that this name matches the name given in the "Application Name" field in the Project Information form at the beginning of the application.

Mercer County Mental Health Alliance and Performance Group MHAP-G Empowered Families

2. Provide a one to two sentence summary of your collaboration's overall goals.

The goal of the Mercer County Mental Health Alliance and Performance Group (MHAP-G) Empowered Families is to actively engage community organizations and committed leaders to advance access to and utilization of mental health services in Mercer County and the surrounding area. The focus will be to expand an existing successful mental health collaboration and program to provide mental health services to students, families and staff in two rural school districts to be known as Embowed Families. The purpose of the 'Empowered Families' is to address both targeted service area and programmatic expansion needs. Service area expansion is in response to an ongoing and increasing demand for school-based, family-centered mental health case management and counseling services, extending into families living in the Mercer County and Sherrard School Districts catchment area. MHAP services will expand to target families in the school districts, utilizing tele-health/ tele-case management strategies as needed, thus serving individuals and families living in a similar rural demographic and socioeconomic areas as those in the original MHAP serving Mercer County, Illinois, but targeting services directly to the school districts and families, building capacity both locally and regionally. This targeted service area expansion also allows mental health service provision targeting more diverse family populations, furthering the mission to provide culturally competent care to all community members.

Detailed Project Description

Provide a narrative description of your overall project, explaining what makes it transformational.

Specify your service area, identify the healthcare challenges it faces, and articulate your goals in addressing these challenges; explain your strategy and how it addresses the causes of these challenges, and lay out the expected timeframe for the project.

Describe any capital improvements, new interventions, delivery redesign, etc. Your narrative should explain the need for each significant item in your budget, clarifying how each connects to the overall goals and operations of the collaboration.

Provide your narrative here:

This project is transformational in that it builds upon existing strong relationships among providers and expands service delivery to schools to reduce access to care, and increase racial/ethnic equity.

The **service area** will be Mercer County and portions of the neighboring counties who utilize the services of Genesis Health Group. Aledo and/or are students of the Mercer County or Sherrard School Districts. Mercer County is a designated Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA), historically impacting access to care. Mercer County has a population of 15,437 with Mercer County School District serving 1300 students and Sherrard Distirict serving 1400 students. Much of the target service area is represented by agricultural and industrial settings, with a high percentage of low-income families, underinsured persons, and self-employed persons.

Relevant geographic features and impact on access to healthcare Mercer County and the target school districts are in a rural catchment area, with little to no public transportation options, rural roadways impacted by inclement weather, and long distances to seek health care. Residents may travel 30 minutes to see a healthcare provider or up to 90 minutes to see a specialist. There are no pediatricians in the county. Mercer County School District encompasses 378 square miles making it the 5th largest geographic district in the state and Sherrard encompasses 180 square miles.

Health Care Challenges: The availability of health care providers in the county has always been a challenge with past statistics indicating 63.29% of the population is underserved and that the resident to Mental Health Provider ratio is an alarming 7800:1 compared to the state rate of 440:1 and the national top performer rate of 290:1. Additionally, the resident to Primary Care Provider ratio is 5,210:1 compared to the state rate of 1250:1 and the nation rate of 1,030:1. The Mental Health Action Program served 599 unique individuals with counseling and medication management in 2019, with 165 of those being provided direct mental health case management. These unduplicated case management numbers reflect a 107% increase in clients projected by the end of Year 3 of the program compared to actual numbers served by the end of Year 2. Utilization and need for mental health case management strategies is clear. The MHAP LCSW averages 250 clients a month and the APN 140 a month. The local Family Crisis Center also serves over 250 individuals annually. 29% of the FY2019 MHAP clients also required assistance with transportation to access mental health care. Utilization of mental health case management services for diverse clients age 10-17 years was noted at only 0.18%. A key focus will be given to expansion to this targeted age group and to racial/ethnic minorities to address disparities in vulnerable populations. A goal to reach 2% of diverse clients will be set.

The primary unmet health need associated with the target population is access to mental health services at school and for the whole family unit. Associated with the three identified subpopulations (rural, low-income, and rural children and adolescents) are unmet health needs related to affordability of mental health services, underinsured issues, access barriers, and underlying problems related to the social determinants of health. These target groups have been identified as high risk for unmet health challenges. Rural and low-income families, in particular, are faced with an often-complex layering of barriers to care that may be underestimated in their impact on receiving mental health care. Associated factors such as food insecurity, unstable housing, transportation, and insurance issues can negatively impact a person or family's ability to seek and afford consistent mental health care. This may be further impacted by a person's age as children and adolescent mental health care is primarily reliant upon parent or guardian commitment and ability to seek care. Need can also be demonstrated when comparing local, state and federal data. For example, 27% of children live in single-parent households in Mercer County compared to 20% in US top performers. "...single parenthood becomes a clear risk factor for mental health problems for both children and adults, leading to greater

psychological distress and depression, and puts women at a socioeconomic disadvantage further increasing the level of stress." Mercer County has a population estimate of 15,437; with 9% living in poverty; with the median household income in Mercer County at $58,011 compared to the state rate of $63,575 and the national rate of $60,293, 21.1% of residents have a disability. 13% of children live in poverty compared to US top performer 11%; 20% participate in excessive drinking compared to the US top performers at 13%; the ratio of residents to primary care physicians is 5,210:1 compared to US top performers 1,030:1 and Illinois 1,250:1. 24.03% of the county population lack a consistent source of primary care and 19.9% report not having a personal doctor. The most alarming statistic is Mercer County's rate of suicide at 23 compared to the state and US top performer rates of 11, a 70.5% higher rate. Suicide rates between 2013-2015 increased 55% in rural areas. This was attributed to limited access to mental health services, increased levels of substance use, greater availability of firearms, and reduced access to time health care and emergency medical services. In summary, the target area and populations are underserved, hard-to-reach remote residents, who face rural challenges including those associated with socio-economic status, high risk behaviors, and access to care.

Programmatic expansion needs include two topic areas that revolve around the overwhelming need for school-based, family-centered mental health care. These topic areas are family case management and counseling, and mental health needs associated with COVID-19. Throughout the first two years of the Mental Health Action Program, staff and school counselors have consistently identified the need for both family support and family involvement for many students with mental health needs. Many times, there are common threads in students and families who need mental health support related to things such as a history of trauma, parents with psychiatric disorders, single parent households, and difficulties related to social determinants of health such as food insecurity, unstable housing, and financial distress. It has been noted several times that the Mental Health Action Program was case managing multiple individuals from the same household, but not providing 'family' case management. The need to work in conjunction with a student's family or natural support system is critical, especially to improve communication, encourage joint decision making, support the whole family, and promote medication and counseling adherence; and in doing so we nurture coping skills, conflict resolution, crisis prevention, and long-term emotional stability.

A family-centered wraparound approach utilizes support services to wrap care and resources around the youth and their families to better meet needs. Family-centered care in particular recognizes the strengths and unique features of a family unit and focuses on individualized plans of care. MHAP views families as an important resource and a crucial element of a child's social and emotional wellness. "Mental health support is essential for anyone with a mental illness, but it is also important for the family of patients in treatment to get support. This benefits the patient, resulting in better outcomes from treatment. It also benefits the family as a whole, with better communication and strengthened relationships, and it helps individuals by improving mental health. Family can get involved directly in treatment, participating in education programs, family therapy, and group support, but they can also benefit from seeking individual mental health care." *"Family Support in Mental Health Treatment." Mental Health Center, 8 June 2017, www.mentalhealthcenter.org/family-support-in-mental-health-treatment/.*

Students and families, including school staff and their families, are also under tremendous stress related to COVID-19. School-age children from grades 5-12 have reported suicidal ideation within the first 3 weeks upon return to school on nine separate occasions, citing issues related to social isolation and loneliness, anxiety with remote and blended learning formats, and family stressors. "Throughout the COVID-19 pandemic, youth ages 11-17 were more likely than any other age group to score for moderate to severe symptoms of anxiety and depression." *"COVID-19 and Mental Health: A Growing Crisis" Mental Health America, 2020* Some students in need of mental health case management have reported feelings of stress and uncertainty, domestic violence situations, and reports of self-harm. "Beginning in April, the proportion of children's mental health-related ED visits among all pediatric ED visits increased and remained elevated through October. Compared with 2019, the proportion of mental health-related visits for children aged-11 and 12-17 years increased approximately 24% and 31% respectively." *"Mental Health-Related Emergency Department Visits Among Children Aged,18 Years During the COVID-19 Pandemic-United States", CDC Morbidity and Mortality Weekly Report (MMWR), January 1-October 17, 2020* Staff from local school districts have also reported anxiety and panic attacks, depression symptoms, and feelings of burnout, and have requested resources ranging from 'someone to talk to' to clinical psychiatry appointments. Survey of administrative and mental health staff members at the local schools further confirmed their need and desire to have school-based and family mental health case managers and access to family counseling as part of the school wellness environment.

These two areas of programmatic expansion will include an evidence-based wraparound family mental health case management model focused on building foundational mental health support systems and resources, including early intervention for elementary level students; and strategies aimed at the mental health needs associated with COVID-19 and the school environment, including social and emotional needs of students and the surge of mental health needs related to stress and loss in adults. This program, 'Empowered Families,' will be implemented by the Mercer County Mental Health Alliance & Performance Group MHAP-G with a lead agency of Genesis Medical Center, Aledo along with the Mercer County Health Department (MCHD) who has implement MHAP to date.

Evidence-based models will be utilized to achieve goals related to school-based, family-centered mental health case management and family counseling services, and including goals/strategies from the Delta County, Colorado Families Plus Wrap Around Model; and from the National wraparound Initiative, The Resource Guide to wraparound phases and activities focused on engagement and team preparation, initial plan development, implementation, and transition. "Wraparound is a way or process of working with children and youth with serious mental health challenges and their families. During the Wraparound process community-based services and supports 'wraparound' a child or youth and their family in their home, school, and community in an effort to help meet their needs." *"What to Expect if Your Family is Involved in WrapAround", Association for Children's Mental Health, 2020*

The program goals and expected outcomes incorporate strategies aimed at building capacity through a specifically trained workforce focused on school-based, family-centered mental health care; a collaborative approach involving multiple mental health, health care, and school providers; strengthening the leadership and consortium to address 'whole' family care as a means to building foundational and consistent education and intervention into mental health care; improving individual and community health outcomes that promote self-sufficiency and improve quality of life; reducing health care costs; and attaining sustainability through an integrated service model, collaborative funding approaches, and shared resources.

Goals to Address Challenges:

Goals & Objectives and Timeline

Expand program services to provide school-based, family-centered mental health case management and counseling to families connected to Mercer County and Sherrard School Districts to promote problem solving, conflict resolution, crisis prevention, access to care and barrier reduction

PROGRAMMATIC EXPANSION OBJECTIVES

Short Term (process)

By October 31, 2023 increase mental health providers by 1.0 FTE Family Case Manager, 1.0 FTE School-Based Case Manager (0.5 grant funded/0.5 school funded), 0.4 FTE Family Counselor (LCSW)

By October 31, 2023 document final and approved policies specific to Empowered Families utilizing evidence-based models

By April 30, 2024 document 414 families in program service area received indirect services through mass communication strategies, take home flyers, and education handouts

By October 31, 2022 incorporate strategies utilizing telehealth/tele-case management to reach rural populations

By April 30, 2023 complete a 4-year Strategic Plan and Assessment Plan

Mid-Term (outcome)

By April 30, 2024 develop and strengthen a highly skilled wraparound care and mental health workforce to respond to mental health needs for students and families throughout program service area

Document through training records:

National Wraparound Initiative: Wraparound Service Training

National Council for Behavioral Health: Mental Health First Aid

Strategies from Miller and Rollnick: Motivational Interviewing

Illinois ACES Response Collaborative; National Center on Domestic Violence, Trauma & Mental Health: Trauma Informed Care

Trauma Informed Care Certification; traumainformedcaretraining.com

By April 30, 2024 strengthen consortium (Mental Health Alliance & Performance Group) to align Empowered Families goals across partner organizations, and develop improved strategic methods to increase program impact addressing collaboration, leadership and workforce, improved outcomes and sustainability; add new consortium members annually to represent active partnerships, strengthen family-centered wraparound service approach, and build further sustainability through an integrated service model across multiple sectors

By April 30, 2024 document 30 families in Empowered Families Program direct service (case management and counseling)

By April 30, 2023 establish a consistent local data collection system to attain local, rural and factual family and mental health information

By April 30, 2026 increase the proportion of primary care physician office visits in Mercer County where adults 12 years and older are screened for clinical depression using an age-appropriate standardized tool-target 5% increase annually to meet Healthy People 2030 guidelines

Long-term (impact)

By April 30, 2026 document 60 families in Empowered Families Program direct service (case management)

By April 30, 2030 reduce local suicide rates by 10% in adult family members and suicide attempts by 28.5% in students (based on Healthy People 2030)

By April 30, 2030 increase the percentage of adolescents age 12 to 17 years with major depressive episodes who receive treatment (based on Healthy People 2030)

By April 30, 2030 improve percentage of persons with Major Depressive Disorders (MDE's) who receive treatment by 4.7% (based on Healthy People 2030)

By April 30, 2030 improve percentage of persons with Serious Mental Illnesses (SMI's) who receive treatment by 4.7% (based on Healthy People 2030)

By April 30, 2030 improve percentage of children with mental health problems receiving mental health treatment by 9.1% (based on Healthy People 2030)

By April 30, 2026 document adoption of policies and strategies of Empowered Families into an integrated service model by 3 partner organizations

By April 30, 2026 complete the Economic Impact Analysis Tool to demonstrate economic impact of program and local return on investment

GOAL FOR TARGETED SERVICE AREA EXPANSION

Expand school-based mental health case management services to target Mercer County and Sherrard School Districts, to meet ongoing and high demands for rural mental health services; improve access to care; reduce barriers to care; and build local capacity

TARGETED SERVICE AREA EXPANSION OBJECTIVES

Short-term (process)

By October 31, 2023 document 828 families in program service area received indirect services through mass communication and take-home flyers related to program services and expanded service area

By October 31, 2023 document 3 potential partner organizations in targeted service area received mass communication related to program services and expanded service area and participate in consortium activities

Mid-Term (outcome)

By April 30, 2023 document 30 families in Empowered Families Program received direct service (family case management and/or counseling)

By April 30, 2024 document 15% of all Mental Health Action Program cases are enrolled in the Empowered Families Program

By April 30, 2023 document a 1% increase in racially diverse populations receiving program services

Long-term (impact)

By April 30, 2026 document 60 families in Empowered Families Program received direct service (family case management and/or counseling) to demonstrate improved access to care for target population groups

By April 30, 2026 document 25% of all Mental Health Action Program cases are enrolled in the Empowered Families Program to demonstrate full program integration into expanded service area

By April 30, 2025 document a 2% increase in racially diverse populations receiving program services to demonstrate community impact in service to disparate population groups

GOAL FOR COVID-19

Provide school-based, family-centered mental health case management services to families connected to Mercer County School District adversely affected by COVID-19 (i.e. job loss, negative economic impact, stress related to social distancing and social isolation, stress related to isolation and quarantine, exacerbations in mental or chronic illnesses)

COVID-19 OBJECTIVES

Short-term (process)

By October 31, 2021 improve access to mental health care for families of Mercer County School District, including staff and families, for those adversely affected by COVID-19

By April 30, 2022 collect primary data from target populations related to mental health and COVID-19 impacts to inform key decision making and strategic planning

By October 31, 2023 incorporate strategies to improve emotional wellness during pandemic

By April 30, 2022 identify resources specific to mental health from COVID-19 impacts (i.e. job loss, negative economic impact, rental assistance, food insecurity, child care, insurance issues, etc.)

Mid-term (outcome)

By April 30, 2023 decrease reports of mental health problems associated with COVID-19 through prevention and intervention strategies aimed at self-care, trigger reduction, improved family and social support systems, improved knowledge related to recognition of symptoms and available resources

By April 30, 2023 integrate strategies related to COVID-19 and mental health care into program routines and operations

Long term (impact)

By April 30, 2025 integrate strategies related to COVID-19 and mental health care into programmatic policy, wellness plans and curricula

Explain Strategy: Evidence-Based/Promising Practice Model

Empowered Families will implement strategies from Delta County, Colorado Families Plus Wrap Around Model; and from the National Wraparound Initiative, The Resource Guide to Wraparound. See also Attachment 7 Evidence-Based or Promising Practice Model(s)

Need for each item in budget and how it connects to goals:

Personnel are necessary to conduct and evaluate the program. Capital costs are required to modify existing inside of a facility to make room for staff and delivery of wrap around services when not delivered at the school.

[Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Work Plan

3. Governance

Structure and Processes

1. Please describe in detail the governance structure of your collaboration and explain how authority and responsibility will be distributed and shared. How will policies be formulated and priorities set?

Governance

The Mercer County Mental Health Alliance and Performance Group (MHAP-G) is outgrowth of the Mental Health Action Program Partners Consortium. They have been organized and engaged since 2018. The group has purposefully renamed themselves to more accurately describe their work and to increase the understanding and awareness of the changing health care environment and contribute to shared goals, develop more strategies, share resources and support sustainability.

The work of MHAP-G will build upon the previous work of the Mercer County Mental Health Action Program and their strategic plan from their Vision and Strategic Purpose Statements.

Vision Statement: All residents of the Mercer County area will enjoy social and emotional well being and have easy access to mental health services, providing them the opportunity to achieve their full potential while being treated with respect, compassion and acceptance.

Strategic Purpose Statement: Increase access to and reduce delays and barriers to mental health services of the Mercer County area through evidenced-based models providing a holistic approach of connecting behavioral, physical, and social needs in a coordinated and individualized plan of care. This strategy will be supported through a consortium of mental and physical health providers and community partners. Target populations will include rural, low income, uninsured and underinsured adults, youth and adolescents, veterans and those affected by substance use.

Since July of 2018, the Consortium has been implementing a mental health nurse navigation/case management program with partial funding from HRSA's Rural Outreach Grant. This project has been highly successful and has achieved more than its three-year goal of 50 unduplicated clients by the end of the first year of the program. By December of 2020, more than 165 individuals had been involved in the navigation program. 599 unique individuals received counseling services. Sixty percent of these individuals have also been referred to a primary care provider.

The MHAP-G consortium will work in concert with the Project Director as they see a formal communication plan as highly valued and monitored as part of the process. The communication plan will promote trust, transparency of information and includes a focus on the partners and stakeholder to meet its mission and attain its vision. The consortium will meet quarterly, with the option to meet more frequently as programmatic or communication needs arise. Specific goals of the MHAP-G communication plan is to insure it is consistent with goals and objectives and informs others about its mission, activities and key metrics. Communication also monitors its plan to assess progress towards goals. Emails and meetings will be used for highlighting special achievements, gathering and summarizing information and discussion for advancement of goals.

Leadership and workforce

MHAP-G will work with the Project Director to implement a strategic training plan. The plan will achieve the following goals: Measure staff and consortium member satisfaction and act upon the results; provide staff and consortium members with learning opportunities that promote change ready and adaptable workforce, have a recruitment and retention plan in place that is reviewed annually and cross-organizational learning for systems and processes. All these goals assist in developing an engaged workforce and consortium.

Effective training and support also leads to retention and satisfaction. The MHAP project has been able to retain all of its original employees since July of 2018. Some of the specific actions have assisted with education and certification, assisted with repayment of student loan debt and effective supervisor support and coaching, and alignment of program goals with staff goals.

The rename of the MHAP Consortium to MHAP-G created the opportunity to identify the organizations executive level staff to become involved and commit to the goals of the program

[1. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Sample Memorandum of Understanding

Accountability

2. How will collaborating entities be made accountable for achieving desired outcomes? How will the collaboration be made accountable for acting prudently, ethically, legally, and with extensive participation from each participating entity? What methods will be used to enforce policy and procedure adherence?

Implementing the network

The entities will be held accountable through the MOU and grant and funding contract.

Gregory Bonk indicates “Providing the right mix of health services in the right locations at the right price and with the requisite quality is extremely difficult for many rural communities. “Rural health networking is a collaborative strategy. It requires individual actors to come together voluntarily, agree on a course of action, and take action cooperatively. Because the individual goals of the actors may differ, it is not always easy to agree on common goals, let alone a common strategy for achieving goals. Rural health networking is not easy; it requires time, trust and skills. Network members must have the ability to separate their individual goals from the common goals of the network and the vision to see the potential benefit of joint action”. (Bonk, 2000, p.1).

In order to address this concern, this proposal will utilize a development framework called from Networking to Collaboration. This process will lead to effective outcomes for the collaboration and those who are to receive services. It addresses the balance for the involvement of the organization involved as well as the needs of the geography. Bonk, 2000 indicates that rural providers may have greater disadvantages to their urban counter parts in networking, because it requires administrators or CEO to participate in the network meetings.

Collaborative efforts are dependent upon open and clear communication. Norms of communicating must be established which assure "language usage" which is acceptable to all network members. Terminology must be clarified so that shared meaning can occur. A formal process for communication between meetings will be established (i.e., weekly phone calls, mailings, faxed updates). Communication from the collaboration to the broader community will also be established. This may involve the development of working relationships with the media and other formal information channels. Establishing and maintaining non-formal communication channels with local community leaders will also be essential. Marketing of the collaboration efforts must also be conducted in order to obtain community support and acquire needed resources.

[2. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

New Legal Entity

3. Will a new umbrella legal entity be created as a result of your collaboration?

○ Yes
◉ No

[3A. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Note: It is likely that transformation funds for proposals will come in the form of utilization-based Directed Payments to a healthcare provider(s) or behavioral health provider(s) in the collaboration. These entities will receive a report earmarking these payments as transformation funds. These funds must then be distributed among the collaborating entities.

HTC Grant Org Charts

Payments and Administration of Funds

4. How will you ensure direct payments to providers within your collaboration are utilized for your proposed program's intended purpose? If the plan is to use a fiscal intermediary, please specify.

The consortium has a history of working together, and has processes to insure the flow of funds as determined by the deliverables of the proposal.

[4. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

4. Racial Equity

High-Level Narrative

A fundamental focus of healthcare transformation is racial equity. Please provide a high level description of how the design of your proposal incorporates racial equity. (Greater detail will be requested in the questions below.)

MHA&P-G through its Empowered Families program incorporates racial equity through its philosophy of health care for all those in need and through the design of the program. The Empowered Families program will primarily be delivered through and at the schools that are part of the Mercer County and Sherrard School Districts. The racial diversity of the school districts and the current diversity of MHAP clients currently exceeds the racial make-up of the county. With increased school involvement as a strategy, this will help improve racial equity.

[High Level Narrative - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Racial Equity Impact Assessment Questions

1. Which racial/ethnic groups may be most affected by and concerned with the issues related to this proposal?

Based on the data from the school district report cards the racial and ethnic groups most affected from this proposal, would be Hispanics and individuals from two or more races as these are showing upward trends in the school districts.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Racial and Ethnic Trends Mercer County and Sherrard School Districts

2. Have stakeholders from different racial/ethnic groups — especially those most adversely affected or from vulnerable communities — been informed, meaningfully involved and authentically represented in the development of this proposal? Who's missing and how can they be engaged?

There has not been substantial involvement from stakeholders of different racial/ethnic groups. We have included staff from consortium agencies in the planning, however this only includes one person of Hispanic ethnicity. The groups who are missing are students and parents of students of color for their feedback. The consortium could engage these individuals to help in the design of the program and to identify any unconscious bias, that could be taking place in the program. They could help define the approach, assist with understanding cultural norms and the most accessible ways of reaching the populations. The first step in ensuring the needs of diverse populations is met is to determine specific barriers to care for these groups, including but not limited to cultural barriers such as language, acceptance of health care, fear of governmental or health care systems; social barriers such as discrimination, health insurance disparities, and access to care; and infrastructure barriers such as lack of a culturally competent workforce. These barriers will first be addressed through a culturally competent mental health needs assessment at local schools.

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address? How are they affected differently? What quantitative and qualitative evidence of inequality exists? What evidence is missing or needed?

Whites most advantaged, people of color most disadvantaged.

Leading medical groups have declared a national emergency in child and adolescent mental health triggered by prolonged isolation, uncertainty and grief during the coronavirus pandemic. In a joint statement on October 20, 2021. The American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association said:

The coronavirus pandemic had worsened an already existing mental health crisis among children and teens. The loss of a loved one has affected children and adolescents more than it has other age groups, research from the American Academy of Pediatrics shows. More than 140,000 children in the United States have lost at least one caregiver since the start of the pandemic, with youth of color disproportionately affected. Before the pandemic, mental health concerns and suicide had been rising steadily among children and adolescents between 2010 and 2020. By 2018, suicide was the second leading cause of death for youth ages 10 to 24.

According to the Centers for Disease Control and Prevention, between March and October 2020, emergency department visits for children with mental health emergencies rose by 24 percent for those between ages 5 and 11, and 31 percent for children 12 to 17. Among girls ages 12 to 17, E.R. visits identified as potentially the result of a suicide attempt were up more than 50 percent in early 2021 compared with the same period in 2019.

"We are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, their communities, and all of our futures," Gabrielle A. Carlson, president of the American Academy of Child and Adolescent Psychiatry, said in a statement. "We cannot sit idly by."

Finding a provider can be difficult and intensifies the concerns of youth. The American Academy of Child and Adolescent Psychiatry reported earlier this year that there was a severe shortage of child psychiatrists in nearly every state in the country. Getting children urgent mental health care can be even more challenging, especially when emergency rooms are full. Earlier this year when hospitals were overwhelmed, children were sent out of state for care.

That is why the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA) are joining together to declare a National State of Emergency in Children's Mental Health. The challenges facing children and adolescents are so widespread that are calling on policymakers at all levels of government and advocates for children and adolescents to join us in this declaration and advocate for the following that relate to this proposal:

- Increase federal funding dedicated to ensuring all families and children, from infancy through adolescence, can access evidence-based mental health screening, diagnosis, and treatment to appropriately address their mental health needs, with particular emphasis on meeting the needs of under-resourced populations.
- Address regulatory challenges and improve access to technology to assure continued availability of telemedicine to provide mental health care to all populations.
- Increase implementation and sustainable funding of effective models of school-based mental health care, including clinical strategies and models for payment.
- Strengthen emerging efforts to reduce the risk of suicide in children and adolescents through prevention programs in schools, primary care, and community settings.

Currently, 221 students between the ages of 11-17 are served by Genesis for counseling and medication management services in the rural health clinic. This is 37 % of the total mental health patients seen at this facility. These figures very much mirrors statistics from a national perspective.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

4. What factors may be producing and perpetuating racial inequities associated with this issue? How did the inequities arise? Are they expanding or narrowing? Does the proposal address root causes? If not, how could it?

The one factor potentially producing and perpetuating the inequities could be any internal bias of the staff.

[4 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

5. What does the proposal seek to accomplish? Will it reduce disparities or discrimination?

Expansion into school districts allows Empowered Families to serve a more diverse population promoting the Mental Health Action Program's mission to provide culturally competent care to all community members. Overall, in FY2019, MHAP served 0.18% of a diverse population. Mercer County School District has 5.5% racial/ethnic diversity and Sherrard has 11% racial/ethnic diversity. A goal of this proposal is to reach 2% racially/ethnically diverse clients/patients over the period of the project.

[5 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

6. What are negative or unforeseen consequences and positive impacts/opportunities for equity as a result of this proposal? Which racial/ethnic groups could be harmed or could benefit? How could adverse impacts be prevented/minimized and equitable opportunities be maximized?

Training of the staff with cultural competence could reduce adverse impacts and reduce any possible unforeseen consequences.

[6 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

7. Are there better ways to reduce racial disparities and advance racial equity? What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?

The first step in ensuring the needs of diverse populations is met is to determine specific barriers to care for this target group, including but not limited to cultural barriers such as language, acceptance of health care, fear of governmental or health care systems; social barriers such as discrimination, health insurance disparities, and access to care; and infrastructure barriers such as lack of a culturally competent workforce. These barriers will first be addressed through a culturally competent mental health needs assessment at local schools. Additionally, Empowered Families will ensure that data collection encompasses race, ethnicity, gender, sexual orientation, etc. Lastly, the Mercer County Health Department as a whole will build upon the standards of the National CLAS (Culturally and Linguistically Appropriate Services) Standards from the US Department of Health & Human Services to incorporate training and policy addressing cultural competence and equity in principle; governance, leadership and workforce; communication and language assistance; and engagement, continuous improvement, and accountability. Genesis Medical Center, Aledo and Mercer County Health Department have already launched this cultural competence initiative with cultural competence training, disability sensitivity training, and workplace modifications for communication and accessibility.

[7 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

8. Is the proposal realistic, adequately funded, with mechanisms to ensure successful implementation and enforcement? Are there provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability?

This proposal is realistic and adequately funded based on previous experience with state and federal grants. The organization and collaboration have mechanisms to ensure successful implementation and enforcement. There are provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability through the project director and project evaluator.

[8 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

9. What are the success indicators and progress benchmarks? How will impacts be documented and evaluated? How will the level, diversity and quality of ongoing stakeholder engagement be assessed?

We will document the progress towards the two equity goals.

1. By April 30, 2023 document a 1% increase in the racial/ethnic populations receiving program services
2. By April 30, 2026 document a 2% increase in the racial/ethnic populations receiving program services

These will be compared to the baseline measures described in the work plan.

Stakeholder engagement will be documented by the project evaluator by the type of diversity represented, how represented as part as part of the consortium, and frequency of attendance at meetings and events.

[9 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

5. Community Input

Service Area of the Proposed Intervention

1. Identify your service area in general terms (e.g., "West Chicago", "East St. Louis Metro Area", "Southeastern Illinois").

Mercer County and surrounding area

2. **Please select all Illinois counties that are in your service area. (NOTE: Selecting a county does not mean that your intervention must service the entire county)**
(Hold CTRL+click on a PC or command+click on a Mac to select multiple counties).

Select counties:

Henry, Knox, Mercer, Rock Island, Warren

3. Please list all zip codes in your service area, separated by commas.

Mercer County 61231, 61412, 61260, 61442, 61263,61272, 61466, 61276, 61476, 61281, 61486, 61465, **Rock Island County** 61232, 61264, 61279, 61284, **Henry County** 61472, 61273, 61490, **Knox County** 61472, **Warren County** 61453.

Community Input

Note on the importance of community input:

For collaborations to meet the real-world needs of the community members they intend to serve, it's imperative that projects be designed with community member input. We are looking for projects that engaged community members in the design of the intervention being proposed. Methods of community participatory research are encouraged.

1. Describe the process you have followed to seek input from your community and what community needs it highlighted.

Multiple communities and community members have provided input and the results of this input is provided in the attachment or in the narrative below. The processes include: the Genesis Medical Center, Aledo Community Health Needs Assessments, Mercer County Health Department IPLAN, a detailed Mental Health Community Needs Assessment, survey with school personnel, feedback from the Mercer County Mental Health Consortium, and feedback from program staff.

Attached in Section 2 are the results of the 2021 and 2018 **Community Health Needs Assessment which has embedded the results of the 2021 and 2015 Health Department IPLAN** priorities. During both of these processes mental health, suicide and substance use came up as high priorities along with contributing social determinants of health.

Below are the results from the detailed **Mental Health Need Assessment** conducted in 2018.

Primary data collected through key informant interviews, focus groups representing various constituencies in Mercer County and a survey with limited resource individuals provided input for this needs assessment. Secondary data from websites and data sources available to program developers and evaluator was utilized. Responses from this assessment related to the goals of this school and family-based initiative are described in the following paragraphs.

The needs assessment included six focus groups, seven expert interviews and a survey reaching 114 different individuals. Participants represented the following groups: social service providers, school personnel, ministers, insurance providers, limited resource individuals, law enforcement, jailers and dispatch, behavioral health providers, mental health working group consortium members, probation, health care professionals, employers and veterans. Respondents identified 13 different barriers to mental health access in Mercer County. Five of these barriers and the contributing factors of the barriers were identified more than once. The barriers identified by respondents in rank order by the number of times mentioned included Transportation (5); Insurance (4); Knowledge of mental health resources (3); Stigma associated with accessing or receiving mental health services (2); and Lack of child care for patients who may be utilizing mental health resources (2).

Barriers to mental health access in Mercer County can be separated into two categories: was individual and system categories. Items relating to the individual focus on the willingness of the client to receive services, provider preference, sphere of influence of family members, and a sense of immediacy when a person may be in crisis. The specific items relating to the system category relates to times that services are available; access to transportation for those who do not have their own means, general lack of knowledge of how to specifically engage with various organizations; lack of a mental health or drug court in Mercer County and access to long term mental health inpatient beds. Respondents were most consistent in response to the question of: Who should be the targeted populations for mental health services? All the responses had at least two different groups or individuals identify the five-targeted populations. One group identified as sixth to twelfth grades; received notation nine different times. In descending order, the groups most identified were students in the sixth to twelfth grades (9); young adults - 18 to 25 years of age (3); veterans (3); repeat Law enforcement and substance abuse/use cases with co-existing mental health issues (2); females (2); and individuals 60-75 years of age. The need to reach students where they are is clearly communicated in this assessment.

There was general agreement between community members and providers that the largest issue around compliance to medication management is the concern of how psych medications make the individual feel. The specific question posed to respondents was: What issues do you see around compliance to follow mental health medications and treatment care? Additional responses to this question included consistent parent involvement for patients under 18 years of age and their (parents') denial of mental health issues of their child (5). This was followed by lack of follow up by patients with psychiatric medication providers. This information again supports the need for family-based work.

In the early fall of 2020, **school personnel were asked to prioritize the most important mental health resource**s, identify the contributing factors to mental health issues or behavior in the school environment. They were also asked to identify the most needed items to better support mental health. Results from the school personnel survey with 16 responses prioritized school-based case managers or school-based family case managers as their first and most important priority and community-based family counselor as their second priority. The school personnel identified the following contributing factors to mental health issues or behavioral concerns in the school environment in the following descending order:

100% - Social determinants of health including unstable housing, food insecurity, financial issues and employment.

100% - History of trauma, abuse or neglect

93.8% - Family history of traumas or unresolved mental illness

81.3% - Substance use/abuse

68.8% - Internet and social pressures

68.8% - COVID-19

62.5% - Bullying or cyberbullying

43.8% - LGBTQ+ identity

School personnel also listed the following items needed to better support mental health.

93.8% - Support services and resources for families

75% - More mental health staff or services

56.3% - Mental health curricula

12.5% - Communications technology

The **Mercer County Mental Health Consortium was involved in identifying needs through an electronic survey**. Twenty-one consortium members responded and indicated that:

100% had added specific policies, protocols or safety plans

90.5% strongly agreed or agreed they noticed an increase in employee stress since the start of the COVID-2019 pandemic

76.2% strongly agreed or agreed that the current pandemic has affected employee job satisfaction

71% had to suspend services at some time during the pandemic

71.4% strongly agreed or agreed that they have seen an increase in number of clients in need of services

71.4% had added additional services to meet specific client needs including:

76.9 % Increase or improvement of technology

52.3 % of telemedicine

52.3 % Services for remote learners

47.6% Services to remote workers

47.6% Financial Assistance

38.1 Additional mental health counseling services

28.6% indicated an increase in clients with major depressive episodes since the start of pandemic

31% indicated an increase in clients with suicidal ideation or attempts since that start of the pandemic

42.9% strongly agreed or agreed they had seen an increase in the number of children with mental health challenges.

The **final source of data was from the staff of the Mental Health Action Program.** The staff provided the following insights to mental health issues at their November Staff Meeting. Isolation is starting to take more of a toll; at first, clients were content to be secluded and stay in. With the increase in COIVD cases there is a greater sense of anxiety among most of our clients. One staff member reported that the vast majority of her clients have reported self-harm and depression due to the effects of COVID restrictions. Another staff member commented that children are feeling the effects of COVID-19 due to having one or more family members with who exhibit high risk behaviors in times of elevated stress. One client described his discomfort with wearing a face mask (as is required within the school district), which resulted in his decision to complete school work remotely. However, due to lack of Wi-Fi accessibility his academic performance has worsened as he is unable to complete his work in a timely manner. MHAP staff also noted reports of emotional distress from school faculty members, with some personnel sharing feelings of defeat and frustration with the decisions the school administration are making related to COVID mitigation.

2. Please upload any documentation of your community input process or findings here. (Note: if you wish to include multiple files, you must combine them into a single document.) Genesis Medical Center, Aledo Community Health Needs Assessment 2021 and 2018

Input from Elected Officials

1. Did your collaborative consult elected officials as you developed your proposal?
Yes

Bustos, C. - U.S. Representative - 17th Congressional District, Duckworth, T. - U.S. Senator - Illinois, Swanson, D. - Ill. Representative - 74th State Representative District

1B. If you consulted local officials, please list their names and titles here.

Chris Sullivan, City of Aledo Administrator and Chief of Police

Robert Flowers, County Board Member and Member of 708 Committee

Linda Koepke, County Board Member, Board of Health, and Member of 708 Committee

[Input from Elected Officials - Optional] Please upload any documentation of support from or consultation with elected officials. (Note: if you wish to include multiple files, you must combine them into a single document.)

6. Data Support

Note on the importance of data in proposal design:

It is imperative that applicants use data to design the proposed work. HFS is seeking applications that are "data-first." This means that applicants used data to determine health needs and designed and targeted the proposed work to meet those needs.

Examples of relevant data include, but are not limited to, data from the community data reports produced by UIC, data analysis of healthcare utilization data, qualitative and quantitative surveys, literary reviews, etc.

1. Describe the data used to design your proposal and the methodology of collection.

We used primary and secondary data to demonstrate the need, develop baselines and align goals with Healthy People 2030.

Please see data following.

The students from Mercer County School District (MCSD) are 37.4% low income with a peer comparison of Sherrard School District (SSD) 27.5% low-income. 11% (144) of students from MCSD and 10% (140) of students from SSD suffer from chronic absenteeism which is defined as missing 10% or more of school days per year with or without valid excuse; 1.3% (17) students in MCSD are homeless and 0.8% (11) students in SSD are homeless. This is notable as homeless populations are often considered non-existent in these communities and housing resources are limited. 16% of students at MCSD and 11% of students at SSD require an IEP or Individual Education Plan. By law, a child with a disability must receive specialized instruction and related services at school. Families as a whole have limited access to family-centered care and family counseling. The ratio of residents to mental health providers in Mercer County is 7800:1 compared to the US top performer of 290:1 potentially causing access issues and delays to obtain needed service or crisis stabilization. Data from July 2019-November 2020 from Genesis Health Group indicates that 473 clients have been diagnosed with a Severe Mental Illness and 363 with Major Depressive Episodes.

Within the target population are three distinct subpopulations who historically suffer from poorer health outcomes, and health disparities and require targeted and specific interventions to ensure equity. These three subpopulations are rural populations, low-income populations, and rural children and adolescents.

Subpopulations

Rural populations face several common barriers to accessing care such as the acceptability of receiving care, lack of anonymity in small communities, mental health workforce shortages, lack of culturally competent care, issues of affordability, and lack of transportation. This rural population is 18% public aid funded for health insurance. Notably, 61% of clients receiving mental health case management in Mercer County were public aid funded in MHAP FY2019; additionally, 32% of clients required insurance enrollment or assistance. Mercer County School District families face challenges due to limited transportation options in this rural remote county, as the school district encompasses 378 square miles making it the 5th largest geographic district in the state of Illinois. In Mercer County there is only one rural transportation van which is further challenged by lack of part time drivers and limited-service hours.

Low-income populations are also historically disproportionately affected by barriers to mental health care and poor outcomes for mental and physical health across their lifetime. Mercer County has 13% of children living in poverty. “Children and families living in poverty face a range of barriers that reduce their ability to access mental health services, maintain compliance with treatment, and achieve favorable treatment outcomes. Families in rural areas, in particular, often have to travel long distances to access mental health services.” Mental health in target low-income families is also impacted by social determinants of health related to food insecurity, housing, transportation, and lack of insurance or being underinsured. 10% of families in Mercer County are food insecure. FY2019 MHAP data revealed 27% of clients were food insecure. In response, MHAP partnered with a local food bank and opened an emergency food pantry. Numbers of families utilizing the emergency food pantry have continued to grow during the pandemic. “Specifically, programs that are family driven, target children in their natural contexts, incorporate evidence-based interventions, and take a comprehensive approach to treatment that addresses relevant social determinants (e.g., housing or food insecurity) may be associated with greater therapeutic changes, decreased treatment attrition, and increased engagement.”

Rural children and adolescents also represent a subpopulation with complex issues and challenges related to social determinants of health, access, and health care inequity. In FY2019 the Mental Health Action Program provided case management services to 89 clients aged 10-17 years. This target population emerged as a crisis subpopulation. “Unlike most disabling physical diseases, mental illness begins very early in life. Half of all lifetime cases begin by age 14; three quarters have begun by age 24. Thus, mental disorders are really the chronic diseases of the young. For example, anxiety disorders often begin in late childhood, mood disorders in late adolescence, and substance abuse in the early 20's. Unlike heart disease or most cancers, young people with mental disorders suffer disability when they are in the prime of life, when they would normally be the most productive.” Rural children and adolescents are faced with many mental health challenges ranging from behavioral issues, anxiety, or lack of coping skills for stressful situations to symptoms of major depression such as diminished ability to think or concentrate, consistent sadness, recurrent thoughts of death, suicidal ideation, and plans for suicide. This subpopulation of children and adolescents had panic attacks at school, created suicide notes, were victims of sexual predators within their communities or online, and had histories of trauma, neglect, or abuse. MHAP data from FY2019 documented that 25.45% of clients had a Major Depressive Episode at referral or during service, and 12.73% of clients had a documented suicide attempt at referral or during services. In 2018, Mercer County had 3 teen suicides.

The Mental Health Action Program continuously gathers data, both qualitative and quantitative, and utilizes this data to make strategic plans. This subpopulation of children, adolescents, and their families has risen to the top priority group for needed mental health prevention, intervention, and crisis stabilization. “Children’s mental health problems, serious emotional disturbances, mental disorders, specific behavioral problems, and medical conditions with a mental health component have been shown to negatively affect the emotional and financial well-being of families. When children’s mental health problems are severe, parents experience high stress levels.”

Racial/Ethnic Subpopulations

Expansion into a target service area of Mercer County School District allows Empowered Families to serve a more diverse population promoting the Mental Health Action Programs mission to provide culturally competent care to all community members. Overall, in FY2019, MHAP served 0.18% of a diverse population. Mercer County School

District has 5.5% racial/ethnic diversity. Local schools also have a growing subpopulation of LGBTQ+ students. The first step in ensuring the needs of diverse populations is met is to determine specific barriers to care for this target group, including but not limited to cultural barriers such as language, acceptance of health care, fear of governmental or health care systems; social barriers such as discrimination, health insurance disparities, and access to care; and infrastructure barriers such as lack of a culturally competent workforce. T

Associated Unmet Health Needs

The primary unmet health need associated with the target population is access to mental health services at school and for the whole family unit. Associated with the three identified subpopulations (rural, low-income, and rural children and adolescents) are unmet health needs related to affordability of mental health services, underinsured issues, access barriers, and underlying problems related to the social determinants of health. These target groups have been identified as high risk for unmet health needs. Rural and low-income families, in particular, are faced with an often-complex layering of barriers to care that may be underestimated in their impact on receiving mental health care. Associated factors such as food insecurity, unstable housing, transportation, and insurance issues can negatively impact a person or family's ability to seek and afford consistent mental health care. This may be further impacted by a person's age as children and adolescent mental health care is primarily reliant upon parent or guardian commitment and ability to seek care.

Local, State, and Federal Data

Need can also be demonstrated when comparing local, state and federal data. For example, 27% of children live in single-parent households in Mercer County compared to 20% in US top performers. "...single parenthood becomes a clear risk factor for mental health problems for both children and adults, leading to greater psychological distress and depression, and puts women at a socioeconomic disadvantage further increasing the level of stress." Mercer County has a population estimate of 15,437; with 9% living in poverty; with the median household income in Mercer County at $58,011 compared to the state rate of $63,575 and the national rate of $60,293, 21.1% of residents have a disability. 13% of children live in poverty compared to US top performer 11%; 20% participate in excessive drinking compared to the US top performers at 13%;; the ratio of residents to primary care physicians is 5,210:1 compared to US top performers 1,030:1 and Illinois 1,250:1. 24.03% of the county population lack a consistent source of primary care and 19.9% report not having a personal doctor. The most alarming statistic is Mercer County's rate of suicide at 23 compared to the state and US top performer rates of 11, a 70.5% higher rate. Suicide rates between 2013-2015 increased 55% in rural areas. This was attributed to limited access to mental health services, increased levels of substance use, greater availability of firearms, and reduced access to time health care and emergency medical services. In summary, the target area and populations are underserved, hard-to-reach remote residents, who face rural challenges including those associated with socio-economic status, high risk behaviors, and access to care.

Sources of Data

"FIND YOUR SCHOOL." Illinois Report Card, www.illinoisreportcard.com/.

https://www.illinoisreportcard.com

"FIND YOUR SCHOOL." Illinois Report Card, www.illinoisreportcard.com/.

"How Healthy Is Your County?: County Health Rankings." County Health Rankings & Roadmaps, www.countyhealthrankings.org/.

Barriers to Mental Health Treatment in Rural Areas – RHIhub Toolkit, www.ruralhealthinfo.org/toolkits/mental-health/1/barriers.

"How Healthy Is Your County?: County Health Rankings." County Health Rankings & Roadmaps, www.countyhealthrankings.org/.

Hodgkinson, Stacy, et al. "Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting." American Academy of Pediatrics, American Academy of Pediatrics, 1 Jan. 2017

"How Healthy Is Your County?: County Health Rankings." County Health Rankings & Roadmaps, www.countyhealthrankings.org/.

Hodgkinson, Stacy, et al. "Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting." American Academy of Pediatrics, American Academy of Pediatrics, 1 Jan. 2017

"Home: NAMI: National Alliance on Mental Illness." NAMI, www.nami.org/Home.

Jennifer D. Lenardson, MHS, et al. "Access to Mental Health Services and Family Impact of Rural Children with Mental Health Problems." USM Digital Commons, digitalcommons.usm.maine.edu/behavioral_health/17.

"How Healthy Is Your County?: County Health Rankings." County Health Rankings & Roadmaps, www.countyhealthrankings.org/.

P;, Behere AP;Basnet P;Campbell. "Effects of Family Structure on Mental Health of Children: A Preliminary Study." Indian Journal of Psychological Medicine, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/28852240/.

"U.S. Census Bureau QuickFacts: United States." Census Bureau QuickFacts, www.census.gov/quickfacts/fact/table/US/PST045219.

"How Healthy Is Your County?: County Health Rankings." County Health Rankings & Roadmaps, www.countyhealthrankings.org/.

"CDC - BRFSS." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 2011-2012, www.cdc.gov/brfss/index.html.

Illinois Behavioral Risk Factor Surveillance System, www.idph.state.il.us/brfss/. 2015-2019

"How Healthy Is Your County?: County Health Rankings." County Health Rankings & Roadmaps, www.countyhealthrankings.org/.

John A. Gale, MS, et al. "Behavioral Health in Rural America: Challenges and Opportunities." USM Digital Commons, digitalcommons.usm.maine.edu/behavioral_health/66/.

2. Attach the results of the data analyses used to design the project and any other relevant documentation. (Note: if you wish to include multiple files, you must combine them into a single document.)

Genesis Medical Center, Aledo Community Health Needs Assessment 2021 and 2018

7. Health Equity and Outcomes

1. Name the specific healthcare disparities you are targeting in your service area, including by race and ethnicity. Describe the causes of these disparities that your project specifically seeks to address and explain why you have chosen to address these causes.

Empowered Families has aligned its goals and objectives to ensure access to care and to address health disparities for vulnerable populations in the targeted service area. These include Rural, Low-income, Rural children and adolescents, racial/ethnic minorities and LGBTQ+ populations.

Building upon strategies launched through the Mental Health Action Program, Empowered Families will utilize methods and nationally recognized and evidence-based strategies from the National Wraparound Initiative and the National CLAS Standards, as well as from the Families Plus Program. The Empowered Families Work Plan implements activities that focus on access through increasing capacity of mental health providers, utilizing telehealth/tele-case management, addressing social determinants of health; and address disparities through training, policy, and data collection.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

POPULATION	METHODS TO ADDRESS DISPARITIES	MEASUREABLE IMPACTS
Rural	Co-location of services, family-centered care, telehealth/tele-case management, and transportation assistance. Acknowledges patient-centered care.	Co-location and provision of services increases the percentage of patients who follow through with appointments to address multiple health concerns.
Low-income	Emergency food pantry, insurance navigation/enrollment, housing assistance, emergency financial support (utilities, remote learning technology needs, rent assistance). Acknowledges patient-centered care.	Increases the likelihood that patients will comply with treatment recommendations because barriers have been reduced.
Rural children & adolescents, on-site school-based family case management and counseling.	Signs of Suicide curriculum, telehealth/tele-case management, coordination with and to primary care. Acknowledges patient-centered care.	Provision of services at the school increases the percentage of patients who follow through with appointments, reduces the time away from school for students, and reduces the time parents may need to be away from work.
Racial/ethnic minorities	Culturally competent mental health needs assessment at school district, local data collection, training, and policy development based on National CLAS standards.	Acknowledges patient-centered care. Engages more racially/ethnically diverse individuals and perspectives and improves health and racial equity.
LGBTQ+	Culturally competent mental health needs assessment at school district, local data collection, training, and policy development based on National CLAS standards, support groups.	Acknowledges patient-centered care. Addresses the concerns of a growing student population.

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Why will the activities you propose lead to the impact you intend to have?

Use of evidenced-based models and local involvement. The target population has been involved in the previous work of MHAP and meeting with MHAP-G to pilot short-term experiences and strategies within the school setting. In addition, the school district has designed the work of this initiative based on the social emotional wellness of the students and issues that are arising around the COVID-19 pandemic. The target population has provided and will continue to provide feedback into program development, evaluation and modifications through quarterly meetings with Project Director. In order to ensure that the project is responding to these needs, school personnel will participate in quality improvement process at the quarterly meetings. School personnel will participate in discussions regarding the progress of the program, it's challenges, and potential improvements. The school personnel were intricately involved in developing the goals for the project through the surveys described above, as well as having provided feedback that has guided the integration of their goals into a quality program.

The target population has sufficient capacity to be continuously involved in Empowered Families. The school will regularly assess the social and emotional wellness through a survey with students and staff. This data will inform program improvement. Project staff will work with school personnel to identify key themes and will annually provide data and information for reporting identified performance measures.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

8. Access to Care

1. Name the specific obstacles or barriers to healthcare access you are targeting in your service area. Describe the causes of these obstacles that your project specifically seeks to address and explain why you have chosen to address these causes.

BARRIERS RELEVANT TO SERVICE AREA	PLANS TO OVERCOME
Large target service areas; Mercer County is a rural community with 569 square miles	Co-locate services at school district and at local health department to promote access to care, coordination and delivery of wraparound services in the same day; and protocols to ensure provider communication and coordination of care.
Diverse target population	Cultural competence mental health needs assessment, data collection that encompasses race, ethnicity, gender, sexual orientation, build upon strategies of the National CLAS Standards to ensure cultural competence in the areas of principal, governance, leadership and workforce; communication and language assistance; and engagement, continuous improvement, and accountability; engage in MOU with Spanish interpreter to address 4.4% non-English speaking population
Lack of public transportation Hard to reach rural populations	Partner with RIM (Rock Island Mercer County Rural Transportation for voucher and priority contract; provide transportation through MHAP with dedicated transport staff and vehicle Reach target populations through faith-based community partnerships; program advertisement at frequented businesses such as pharmacies and grocery stores; newsletters to farm bureau participants; and social media posts

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

Co-locate services at school district and at local health department to promote access to care, coordination and delivery of wraparound services in the same day; and protocols to ensure provider communication and coordination of care

Cultural competence mental health needs assessment, data collection that encompasses race, ethnicity, gender, sexual orientation, build upon strategies of the National CLAS Standards to ensure cultural competence in the areas of principal, governance, leadership and workforce; communication and language assistance; and engagement, continuous improvement, and accountability; engage in MOU with Spanish interpreter to address 4.4% non-English speaking population

Partner with RIM (Rock Island Mercer County Rural Transportation for voucher and priority contract; provide transportation through MHAP with dedicated transport staff and vehicle; pursue payment of vouchers for RIM by Genesis Health Group based on a Return-on-Investment concept

Reach target populations through faith-based community partnerships; program advertisement at frequented businesses such as pharmacies and grocery stores; newsletters to farm bureau participants; and social media posts

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Why will the activities you propose lead to the impact you intend to have?

The proposed program is the outgrowth of an existing program that has been in existence since 2018. Many of the activities have worked well with current mental health patients and will work with families.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

9. Social Determinants of Health

Note on the significance of social determinants of health:

A full 50% of a person's health outcomes can be attributed to social determinants of health (that is, factors such as education, economic stability, housing, access to healthy food, access to transportation, social support and environment). Given this, we are looking for collaborations that meaningfully address social determinants of health in coordination with physical and behavioral health.

1. Name the specific social determinants of health you are targeting in your service area. Describe the causes of these social determinants that your project specifically seeks to address and explain why you have chosen to address these causes.

The project will focus on the following social determinants of health: food insecurity, housing, transportation, assisting with understanding and completing insurance and employment.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

Food - Utilize local food pantries and local food mission to improve access to adequate food

Housing - Have a housing task force and working on developing an emergency housing fund

Transportation - Provide vouchers and help clients understand how to ride rural public transportation

Addressing insurance - provide on sight insurance counselor or nurse navigator to explain types of coverage and how to apply

Employment - Work with local job center and assist with resume preparation and interviewing

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Why will the activities you propose lead to the impact you intend to have?

We have experience in addressing these issues with mental health clients and patients on a one-to-one basis that will also be beneficial for families.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

10. Care Integration and Coordination

1.Describe how your proposal improves the integration, efficiency, and coordination of care across provider types and levels of care.

The work of MHAP-G will build upon the previous work of the Mercer County Mental Health Action Program and their strategic plan from their Vision and Strategic Purpose Statements.

Vision Statement: All residents of the Mercer County area will enjoy social and emotional wellbeing and have easy access to mental health services, providing them the opportunity to achieve their full potential while being treated with respect, compassion and acceptance.

Strategic Purpose Statement: Increase access to and reduce delays and barriers to mental health services of the Mercer County area through evidenced-based models providing a holistic approach of connecting behavioral, physical, and social needs in a coordinated and individualized plan of care. This strategy will be supported through a consortium of mental and physical health providers and community partners. Target populations will include rural, low income, uninsured and underinsured adults, youth and adolescents, veterans and those affected by substance use.

Since July of 2018, the Consortium has been implementing a mental health nurse navigation/case management program with partial funding from HRSA's Rural Outreach Grant. This project has been highly successful and has achieved more than its three-year goal of 50 unduplicated clients by the end of the first year of the program. By December of 2019, more than 150 individuals had been involved in the navigation program. Sixty percent of these individuals have also been referred to a primary care provider.

Based on feedback from a detailed mental health needs assessment, program staff, consortium partners and quality improvement process; the next step to improve the health of individuals with mental health challenges is to integrate current and future clients into a care coordination program. This approach will then bridge mental and physical well-being.

The proposed work plan and funding request will further MHAP-G strategic plan by deepening the levels of care coordination and communication through the use of system work flows The three goals are identified in the work plan with a listing of the action that will lead to the identified sustained impacts.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2.Do you plan to hire community health workers or care coordinators as part of your intervention?

☒ Yes ☐ No

2A. Please submit care coordination caseload numbers and cost per caseload (stratified by risk, if applicable).

1 case worker to every 15 clients weekly, or 60/month. Cost per case load is $40,000.

[2A - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3.Are there any managed care organizations in your collaborative?

☐ Yes ☒ No

3A. If no, do you plan to integrate and work with managed care organizations?

☐ Yes ☒ No

3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

11. Minority Participation

1. Please provide a list of entities that will be a part of your collaboration/partnership that are certified by the Illinois Business Enterprise Program (BEP) and/or not-for-profit entities majorly controlled and managed by minorities that will be used on the project as subcontractors or equity partners.

Note on BEP partners/vendors:
If one of the members of your collaboration already contracts with a BEP-certified firm or a not-for-profit entity that is majorly controlled and managed by minorities, only include the services of the firm that will be used on this project. To be included, these services must increase the entity's volume of work above the level of services already provided to the collaborating member.

Resource to help you search for/identify BEP-certified vendors in Illinois:
If you are seeking BEP-certified entities to partner/collaborate with, you may consult our resource guide linked below on How to Look Up BEP-Certified Vendors in the State of Illinois.

Download resource:

How to Look Up BEP-Certified Vendors in the State of Illinois.pdf

List entities here:

2. Please describe the respective role of each of the entities listed above, and specify whether they will have a role only during the implementation of your proposal or if they will have a role in the ongoing operation of your transformed delivery system.

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

12. Jobs

Existing Employees

1. For collaborating providers, please provide data on the number of existing employees delineated by job category, including the zip codes of the employees' residence and benchmarks for the continued maintenance and improvement of these job levels.

Genesis Medical Center, Aledo 100 full-time, part-time and Per Diem
Genesis Health Group Aledo 25 full-time
Mercer County Health Department 12 full-time regular plus an additional 9 for COVID Operations

Other than the COVID Workers at the Health Department, the rest would be continued.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

New Employment Opportunities

2. Please estimate the number of new employees that will be hired over the duration of your proposal.

3

3. Describe any new employment opportunities in the future alignment of your proposal and how those opportunities reflect the community you serve.

1 School-based family case manger
1 School-based family LCSW Counselor
1 Community Care Coordinator.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

4. Please describe any planned activities for workforce development in the project.

By April 30, 2023 develop and strengthen a highly skilled wraparound care and mental health workforce to respond to mental health needs for students and families throughout program service area

Document through training records:
National Wraparound Initiative: Wraparound Service Training
National Council for Behavioral Health: Mental Health First Aid
Strategies from Miller and Rollnick: Motivational Interviewing
Illinois ACES Response Collaborative; National Center on Domestic Violence, Trauma & Mental Health: Trauma Informed Care
Trauma Informed Care Certification; traumainformedcaretraining.com

[4 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

13. Quality Metrics

Alignment with HFS Quality Pillars

In order to complete this section, you will need to reference the HFS Quality Strategy document linked below.

HFS Quality Strategy:
https://www.illinois.gov/hfs/SiteCollectionDocuments/IL20212024ComprehensiveMedicalProgramsQualityStrategyD1.pdf

1. Tell us how your proposal aligns with the pillars and the overall vision for improvement in the Department's Quality Strategy.

We have reviewed the HFS Quality Strategy, identified those pillars that most align with our project with a focus on family, adult and student behavioral health.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

1. Does your proposal align with any of the following Pillars of Improvement?

2A. Maternal and Child Health?

☐ Yes ☒ No

[Maternal and Child Heath - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2B. Adult Behavioral Health?

☒ Yes ☐ No

Adult Behavioral Health: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

Improve integration of physical and behavioral health

Improve care coordination and access to care for individuals with alcohol and/or substance use disorders

[Adult Behavioral Health - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2C. Child Behavioral Health?

☒ Yes ☐ No

Child Behavioral Health: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

Improve integration of physical and behavioral health

[Child Behavioral Health - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2D. Equity?

☐ Yes ☒ No

[Equity - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2E. Community-Based Services and Supports?

☐ Yes ☒ No

[Community-Based Services and Supports – Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Will you be using any metrics not found in the quality strategy?

☒ Yes ☐ No

3A. Please propose metrics you'll be accountable for improving and a method for tracking these metrics.

% of youth 12 and over and adults who complete annually depression screening.

[3A - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Note: Once metrics are agreed upon in the negotiated funding agreement, HFS will proceed to establish a baseline for the service community, a tracking process, and negotiated improvement targets.

14. Milestones

For all activities described in your proposal, please provide a calendar of milestones to show progress (e.g., when IT will be purchased, when IT will be operative, when construction projects will begin and end, when people will be hired, etc.) The timeline should be in months from award.

Short Term (process)

6 month from award

Increase mental health providers by 1.0 FTE Family Case Manager, 1.0 FTE School-Based Case Manager (0.5 grant funded/0.5 school funded), 1.0 FTE Family Counselor (LCSW)

Document final and approved policies specific to Empowered Families utilizing evidence-based models

Incorporate strategies utilizing telehealth/tele-case management to reach rural populations

1 year from award

Document # families in program service area received indirect services through mass communication strategies, take home flyers, and education handouts complete a 4-year Strategic Plan and Assessment Plan

Develop and strengthen a highly skilled wraparound care and mental health workforce to respond to mental health needs for students and families throughout program service area

Document through training records:

National Wraparound Initiative: Wraparound Service Training

National Council for Behavioral Health: Mental Health First Aid

Strategies from Miller and Rollnick: Motivational Interviewing

Illinois ACES Response Collaborative; National Center on Domestic Violence, Trauma & Mental Health: Trauma Informed Care

Trauma Informed Care Certification; traumainformedcaretraining.com

Two years post award

Strengthen consortium (Mental Health Alliance & Performance Group) to align Empowered Families goals across partner organizations, and develop improved strategic methods to increase program impact addressing collaboration, leadership and workforce, improved outcomes and sustainability; add new consortium members annually to represent active partnerships, strengthen family-centered wraparound service approach, and build further sustainability through an integrated service model across multiple sectors

Document 30 families in Empowered Families Program direct service (case management and counseling)

Establish a consistent local data collection system to attain local, rural and factual family and mental health information

Increase the proportion of primary care physician office visits in Mercer County where adults 12 years and older are screened for clinical depression using an age-appropriate standardized tool-target 5% increase annually to meet Healthy People 2030 guidelines

3 years post award

Document 60 families in Empowered Families Program direct service (case management)

4 years post award continue to implement and evaluate program

Five years post award

Reduce local suicide rates by 10% in adult family members and suicide attempts by 28.5% in students (based on Healthy People 2030)

Increase the percentage of adolescents age 12 to 17 years with major depressive episodes who receive treatment (based on Healthy People 2030)

Improve percentage of persons with Major Depressive Disorders (MDE's) who receive treatment by 4.7% (based on Healthy People 2030)

Improve percentage of persons with Serious Mental Illnesses (SMI's) who receive treatment by 4.7% (based on Healthy People 2030)

Improve percentage of children with mental health problems receiving mental health treatment by 9.1% (based on Healthy People 2030)

Document adoption of policies and strategies of Empowered Families into an integrated service model by 3 partner organizations

Complete the HRSA Economic Impact Analysis Tool to demonstrate economic impact of program and local return on investment

Expand school-based mental health case management services to target Mercer County School District, to meet ongoing and high demands for rural mental health services; improve access to care; reduce barriers to care; and build local capacity

Integrate strategies related to COVID-19 and mental health care into program routines and operations

Integrate strategies related to COVID-19 and mental health care into programmatic policy, wellness plans and curricula

[Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

15. Budget

1. Annual Budgets across the Proposal

HTC Annual Budgets Template
HTC Budget Template.xlsx

When completed, please upload your spreadsheet here.
Genesis Medical Center, Aledo HTC Budget Template

[Budget - Optional] Please upload here any additional documentation or narrative you would like to provide around your budget. Include any documentation regarding budget items in the Construction category (drawings and estimates, formal bids, etc.) (Note: if you wish to include multiple files, you must combine them into a single document.)
Construction Estimate 2020. docx

2. Number of Individuals Served

Please project the number of individuals that will be served in each year of funding.

Year 1 Individuals Served
300

Year 2 Individuals Served
400

Year 3 Individuals Served
500

Year 4 Individuals Served
600

Year 5 Individuals Served
850

Year 6 Individuals Served
1000

3. Alternative Payment Methodologies

Outline any alternative payment methodologies that your proposal might utilize for receiving reimbursement for services from MCOs.

[Alternative Payment Methodologies - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

16. Sustainability

Include a narrative that describes how your budget will decrease reliance on Transformation funding over time and how reimbursements for services and other funding sources will increase and establish sustainability over time. (i.e. how will your project continue to operate without HTC funding?)

In particular, include how services that address social determinants of health will be funded on an ongoing basis (for example, through existing payment models, alternative payment methodologies for Medicaid services, or through other funding sources).

In your narrative, highlight any key assumptions that are critical to making your project sustainable.

Provide your narrative here:

The budget for this project will decrease reliance on transformation funding over the five year period. This group has a history of working relationships and the ability to sustain community based projects. The program goals and expected outcomes incorporate strategies aimed at building capacity through a specifically trained workforce focused on school-based, family-centered mental health care; a collaborative approach involving multiple mental health, health care, and school providers; strengthening the leadership and consortium to address 'whole' family care as a means to building foundational and consistent education and intervention into mental health care; improving individual and community health outcomes that promote self-sufficiency and improve quality of life; reducing health care costs; and attaining sustainability through an integrated service model, collaborative funding approaches, and shared resources.

Sustainability for the purpose of this proposal is defined as successfully delivering program benefits to program beneficiaries in a community past the life cycle of the grant. Research by Mancini and Marek, (2004) has indicated that the success of sustaining a program is greater if sustainability is planned for in the planning and early phases of the project. Empowered Families is planning for sustainability while preparing this proposal. The sustainability plan builds upon previous work of the MHAP and the MHAP-G consortium strategic plans and will develop a full sustainability plan as one of the deliverables of this grant.

The Mercer County Mental Health Consortium has been meeting quarterly since June of 2016 thus demonstrating a history of working together. They have been successful in developing resources, collaborative grant writing and working together to improve the mental and physical health in Mercer County. A smaller subset of this group, the Mental Health Action & Performance Group, has carefully aligned the mission of the participating organizations with the vision for mental health services in Mercer County. This group has been successful in sustaining the current MHAP project beyond the three years of the federal grant to five years. These following proven and successful strategies will guide the work for sustainability of this initiative.

Empowered Families sustainability will be accomplished by planning for sustainability in the planning phase of the project, adding organizational agencies into the program planning and delivery process, and by integrating program processes into their individual programs, wellness plans and curricula. Additional strategies are establishing effective revenue sources such as expanded service reimbursement, resource sharing and/or contributions with partners, securing additional funding, and supporting policy changes at the community, county, regional and state levels.

Establishing effective revenue sources

Expanded Service Reimbursement: Currently the Mercer County Health Department, Genesis Health Group (GHG) and Genesis Medical Center, Aledo are exploring expanded service reimbursement. This has a two-prong approach with short-term and long-term feasibilities. The partners listed above have developed a concept paper identifying potential sources of expanded service reimbursement. The first approach and short-term option is to utilize existing reimbursement mechanisms through CMS to the Rural Health Clinic of GHG. In addition, payment from third party vendors will assist in support of the salary for the family-based counselor.

The second approach is to identify existing or develop new reimbursement systems for Certified Local Health Departments (CLHD's). This approach would allow CLHD's to bill directly for case management services. Parts of the mechanisms are in place for approved providers to charge Illinois Department of Health Care & Family Services directly for services. The current challenge is that health departments cannot register as approved providers. The Mercer County Health Department has met with State Legislators versed in billing and reimbursement. After they complete their thorough review of existing processes, the legislators will inform the Mercer County Health Department of possible next steps. Should no current possibilities exist, the State Legislators are willing to introduce legislation for these billable services.

Resource sharing

Empowered Families has integrated financial and programmatic resource sharing in the planning, implementation and sustainability phases of this project. The case manager from the beginning will be half supported by the grant and half supported from the school, thus demonstrating early investment by project partners. Similarly, Genesis Medical Center has committed to provide partial funding of the LCSW in subsequent years. The school is also identifying possible long-term, consistent sources of funds to continue the work at the schools. These may be existing funds or new funds. Again, each of the partners who can utilize revenue generation through third party payments and grants will do so to sustain the program. The project will use value and return on investment calculators to document the value, and share these benefits with partner organizations to secure additional funding.

Contributions of partners

Two organizations will be initially contacted to secure additional grant funding. The Mercer Foundation for Health (MFH) is a partner with a history of funding health programs in Mercer County and has worked in collaboration with the Mercer County Health Department for over five years. MFH is also a part of a larger regional health foundation, called Genesis Philanthropy (GP). GP has a regional approach to improving population health, including the Mercer County area. GP granted $240,206 to the MHAP program to sustain MHAP after federal funding. Additional funding has been secured from the Mercer County 708 Community Mental Health Board annually now and past years four and five of MHAP grant. In addition, the plan will seek additional funding through GP for Empowered Families.

The following also demonstrates commitment to the additional funding strategies described above:

- Mercer Foundation for Health has provided the Mercer County Health Department $25,100 in funds to improve oral health, begin private pay immunization protocol, and provide health screenings.
- Mercer Foundation for Health has received $237,500 in grants from Genesis Philanthropy for the reduction of Metabolic Syndrome and Lung Cancer Screenings for previous smokers over 55 years of age.

In addition to these sources above, the Project Director will keep a strategic grant matrix of grant opportunities that align with the program. This matrix provides the knowledge of deadlines and goals from these grant sources to provide ample time for successful preparation of grant requests.

Securing additional funding

Individuals, businesses, organizations and the faith-based community in Mercer County have contributed private support to the growing needs of individuals with mental health challenges. This project will build on these relationships with these donors. In addition to policy change at the state level; the MHAP program has been successful in working with the Mercer County 708 Board and Mercer County Board to increase funding by $69,000 through a tax levy to support the mental health staff. The target audience for Empowered Families is individuals with mental health conditions. Since the participants will have mental health conditions additional funding from the 708 Board can support this work.

Knowledge of sustainability research, ability to position for sustainability, knowledge of diverse funding strategies and proven experience in making sustainability happen makes each of the strategies described above very realistic and feasible to sustain the consortium and Empowered Families in Mercer County. Consortia members have also been involved in sustainability learning and planning. Consortia members and staff have knowledge of the dimensions of sustainability and tools that have been provided by the Georgia Health Policy Center. These tools and previous practice of sustainability will lead to the ability to sustain Empowered Families.

[Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)